

Instructions for Completing – Health Home Services Referral Form

Section 2703 of the Affordable Care Act requires hospitals participating under the state Medicaid Plan or waiver such plan must refer individuals with chronic conditions who seek or need treatment in an emergency department to a health home.

Other providers may refer Medicaid members to health homes through their MCO (Managed Care Organization), based on specific criteria outlined in Health Home Services Referral Form which must be utilized to make such a referral in Kansas. The following instructions are provided as guidance for completion of the referral form.

Current MCO Assignment: Choose the one managed care organization currently assigned to the individual referred.

MCO Member ID#: Enter the MCO member identification number displayed on the referred individual's medical card.

Section 1: Member and Referring Party Information

Date of Referral: Click to enter the submission date of the Health Home Referral Form.

Medicaid ID#: Enter the Medicaid number of the individual referred.

Name of Individual Being Referred: Enter the name of the individual referred.

Date of Birth: Enter the date of birth of the individual referred.

Address: Enter the street address, city and zip code of the individual referred.

Phone Number: Enter the land and cell phone (if known) of the individual referred.

Email: Enter the email address of the individual referred.

Name of Referring Organization: Name of the Organization making the referral for the individual referred.

Name of Individual Submitting the Referral: Name of person making the referral for the individual referred.

Address: Enter the street address, city and zip code of the referring party.

Phone Number: Enter the land and cell phone of the referring party.

Email: Enter the email address of the referring party.

Section 2: Has your patient/client/consumer been diagnosed with any of the following chronic conditions?

Check all clinical diagnosis (es) that apply to your patient/client/consumer.

Section 3: Clinically Documented Risk Factors in the Last 24 Months

Check all risk factors that have been documented for your patient/client/consumer within the last 24 months.

Section 4: Hospital Utilization

Emergency Department Visits:

Check the first box if your patient/client/ consumer was admitted to the emergency department one or more times in the prior 12-18 months for asthma or asthma related complications.

Check the second box if your patient/client/ consumer was admitted to the emergency department one or more times in the prior 12-18 months for diabetes or diabetes related complications.

Inpatient Admissions:

Check the first box if your patient/client/ consumer was admitted to hospital one or more times in the prior 12-18 months for asthma or asthma related complications.

Check the second box if your patient/client/ consumer was admitted to the hospital one or more times in the prior 12-18 months for diabetes or diabetes related complications.

Section 5: Quality of Care Indicators

Check each box that applies to your patient/ client/ consumer.

(For MCO use only) Section 6: Eligibility Criteria and Section 7: MCO Follow-Up

For more information about Health Homes please visit http://www.kancare.ks.gov/health_home.htm